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CONFIRMATION NO. 9705

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|---|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/675,423  | <b>FILING OR 371(c) DATE</b><br>09/30/2003<br><b>RULE</b>   | <b>CLASS</b><br>714           | <b>GROUP ART UNIT</b><br>2113   | <b>ATTORNEY DOCKET NO.</b><br>EMC03-15(03085) |                                |
| <b>APPLICANTS</b><br>Evgeny Roytman, Sharon, MA;<br>John P. Sheehy JR., Braintree, MA;<br>Boris Farizon, Westborough, MA;   |   |                               |   |   |                                |
| <b>** CONTINUING DATA *****</b> <i>N/A</i>  |   |                               |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b> <i>N/A</i>   |   |                               |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 12/22/2003</b>  |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i> <i>AR</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>MA | <b>SHEETS DRAWING</b><br>10   | <b>TOTAL CLAIMS</b><br>27                     | <b>INDEPENDENT CLAIMS</b><br>5 |
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| <b>TITLE</b><br>System and methods for failover management of manageable entity agents  |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>1198  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |